

**Bureau of Automotive Repair**  
 1625 North Market Blvd., S100, Sacramento, CA 95834  
 Attention: Cashiering  
 (916) 574-7208 Fax (916) 574-8664



## CERTIFICATE REFUND/CREDIT VOUCHER

### INFORMATION

This certificate refund/credit voucher is good for refund or credit of electronic smog certificates. Refunds are available for partial books. Electronic credit will be provided for full books. Please indicate certificate book numbers below. Allow at least 90 days for refund.

### INSTRUCTIONS: (Manufacturer's Rep/Field Rep) PLEASE PRINT

- 1) Completely fill out and sign your portion of the receipt.
- 2) Have Station Owner/Operator completely fill out and sign their portion of the receipt.
- 3) Give the Station Owner/Operator the original copy of the receipt.
- 4) **ATTACH COPY OF FINAL CERT INVENTORY PRINTOUT FROM THE EMISSIONS INSPECTION SYSTEM.**
- 5) Mail the signed form and cert inventory to the address shown above.

#### THIS SECTION TO BE COMPLETED BY THE MANUFACTURER'S REP/BAR REP

|   |                      |                               |
|---|----------------------|-------------------------------|
| <b>MANUFACTURER'S REP/FIELD REP NAME</b>                    |                      | <b>DATE</b>                   |
|   | FULL BOOK            | PARTIAL BOOK                  |
| <b>BOOK # 1</b>   | <b>START NUMBER:</b> | <b>START NUMBER:</b>          |
|   | <b>END NUMBER:</b>   | <b>END NUMBER:</b>            |
| <b>BOOK # 2</b>   | <b>START NUMBER:</b> | <b>START NUMBER:</b>          |
|   | <b>END NUMBER:</b>   | <b>END NUMBER:</b>            |
| <b>BOOK # 3</b>   | <b>START NUMBER:</b> | <b>START NUMBER:</b>          |
|   | <b>END NUMBER:</b>   | <b>END NUMBER:</b>            |
| <b>TOTAL NUMBER OF CERTIFICATES TO BE REFUNDED/CREDITED</b> |                      |                               |
| <b>STATION NAME</b>   |                      | <b>STATION LICENSE NUMBER</b> |
| <b>STATION TELEPHONE NUMBER</b>                             |                      |                               |
| <b>STATION ADDRESS (STREET, NUMBER, AND SUITE OR UNIT)</b>  | <b>CITY</b>          | <b>ZIP CODE</b>               |

#### THIS SECTION TO BE COMPLETED BY THE STATION OWNER/OPERATOR

|   |  |             |                 |
|---|--|-------------|-----------------|
| <b>NAME &amp; ADDRESS TO SEND REFUND IF DIFFERENT THAN ABOVE (STREET, NUMBER)</b>                                   |  | <b>CITY</b> | <b>ZIP CODE</b> |
| <b>TYPE OF CREDIT DESIRED BY STATION</b>  |  |             |                 |
| <input type="checkbox"/> REFUND <span style="margin-left: 200px;"><input type="checkbox"/> ELECTRONIC CREDIT</span> |  |             |                 |
| <b>SIGNATURE OF STATION OWNER/OPERATOR</b>  |  |             | <b>DATE</b>     |

#### THIS SECTION FOR BUREAU USE ONLY

|                 |             |
|-----------------|-------------|
| <b>REVIEWER</b> | <b>DATE</b> |
| <b>COMMENTS</b> |             |